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## Training Session Measures

This section is intended to detail the measures that should be in place at all club training sessions during the COVID-19 epidemic. Where this section uses terms such as “based on current guidance” the present measures will be detailed in Section 1.

### *About the Virus*

The coronaviruses are a group of viruses that are common worldwide. Whilst some members of this group of viruses cause mild flu like symptoms, some result in more severe disease which can result in death. The coronavirus responsible for the current global pandemic is SARS-CoV-2. If infected with this strain it results in the disease COVID-19. The typical symptoms of infection include fever, new continuous cough and loss of the sense of smell. In some people they will have very few if any symptoms, in others the illness may progress to severe pneumonia causing shortness of breath and breathing difficulties which may require hospital admission and intensive care. (1)

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, the elderly, those with long-term medical conditions such as diabetes, cancer and chronic lung disease.

The Coronavirus strain SARS-CoV-2 is now widespread in many countries, including the UK and Ireland, with transmission being controlled with social distancing measures and diligence to cleaning regimes.

For ease of reading throughout this document the virus and disease it causes will be abbreviated to “C-19”.

### *How it can spread*

When there is sustained community transmission of C-19 there is an increased likelihood of any individual in the community having the infection. A crowded holiday beach with many from diverse, widespread locations is a high risk area.

The two 2 most common ways people could become infected are:

- Respiratory droplets: Respiratory droplets are generated as an infected person’s breath passes over the moist infected surfaces inside the mouth, nose, throat and lungs. These can be directly transferred into the mouth or nose of people who are nearby (within 2 metres) or possibly inhaled into the lungs. Respiratory droplets generated during coughing or sneezing are projected much further from the infected patient. In some cases this can be several metres.
- Contact: It is possible that someone may become infected by touching a person, a surface or object that has been contaminated by respiratory droplets. Then subsequently touching their own mouth, nose or eyes. (e.g. shaking hands or touching door knobs then touching own face).

In addition there are certain procedures where the clinical intervention generates aerosols. These Aerosol Generating Procedures (AGP’s) occur when higher concentration of infected respiratory aerosols are produced compared to coughing and sneezing. Such procedures include (but not limited to) bag-valve-mask ventilation, insertion of supraglottic airway devices, pocket mask ventilation, expired air ventilation and tracheal intubation.

The likelihood of being infected by a person who has the virus is related to:

- How much virus they are releasing to the outside world (how sick they are)
- How close you are to the infected person
- How long you spend in close proximity to the infected person

- The ventilation in the area that person is in. (Outside on a windy day will a significantly reduced risk compared to a small confined space with no ventilation).
- Appropriate use of PPE and hand washing.

## *C-19 Symptoms*

The main symptoms of C-19 are:

- A high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
- A new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
- A loss or changed sense of normal smell or taste (anosmia)
- It may be a person has some, all or even none of the above. It is now recognised that a large number of those who have had the C-19 are asymptomatic.

If you suspect you have C-19 the advice from the NHS to self-isolate, even if they are mild symptoms. You can find full details of the NHS self-isolation guidance [here](#).

Those particularly at risk of developing severe disease if exposed to the virus are include those with certain pre-existing medical conditions. These are listed in the vulnerable and extreme vulnerable persons section of the government website. (2)

## *Training Session Safety Principles*

**Everyone must consider the “3 Important Questions” prior to any training session:**

1. Have I had flu like symptoms in the last 7 days?
2. Does any of my household have flu like symptoms?
3. Have I been in close contact with anyone in the last 14 days that displayed flu like symptoms?

If yes to any of these questions, then follow UK Government advice for track and trace and remain isolated.

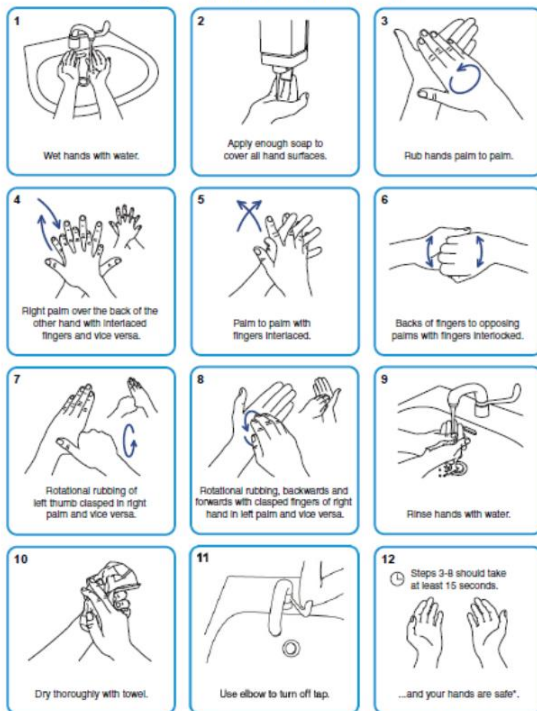
**When attending training there are 3 main C-19 procedures to always keep in mind:**

1. **Distance:** All members, parents/ guardians and volunteers should keep their distance in line with the latest C-19 recommendations (all updates will be communicated to members through the WhatsApp groups) and ensure that minimal numbers are in one space at one time
2. **Regular handwashing:** wash your hands often for at least 20 seconds using warm soapy water and especially if you are about to come in close touching contact with another member or after. (sanitise if washing facility not available)
3. **Personal Protective Equipment (PPE):** ensure your team fully understands the need for the wearing of PPE at times of incidents and are fully aware of how to don (put on) and doff (remove) equipment correctly, and the correct method for decontamination or disposal

## Regular Hand Washing

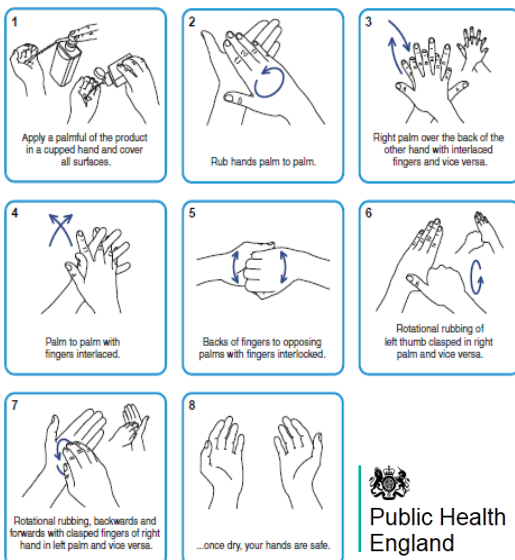
Public Health England (PHE) states that good handwashing with warm soapy water with good technique is the gold standard and even though hand gels can be used, it is not a substitute for hand washing. If using gels, then understand that if hands are already soiled, washing should be the main objective. If you have used gel more than 5 times, PHE recommends washing your hands again.

Steps 3-8 should take at least 15 seconds.



\*Any skin complaints should be referred to local occupational health or GP.

Duration of the process: 20-30 seconds.



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England

## Hand Washing

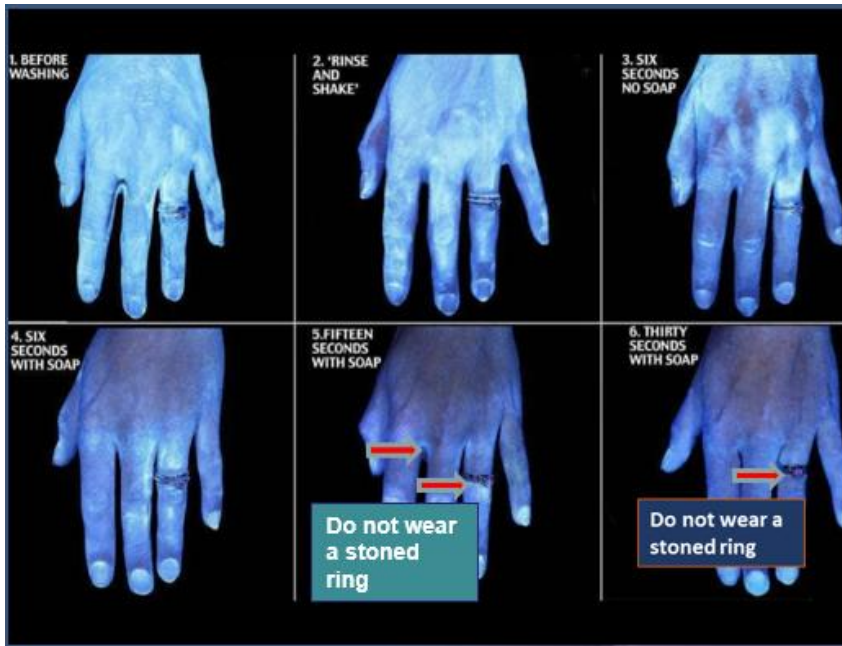
Note:

The entire set of actions take 20 seconds. Ensure if your forearms are exposed, these are washed too.

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## Hand Gel

Note: If using Hand Gel, then rub for 20-30 seconds. Do not completely rely on gel. After 5 times using gel, wash hands in warm soapy water.



## Effectiveness of Handwashing

Consider the following

- Bare below the elbows or roll up sleeves
- Consider no jewellery including watches, bracelets
- Nails kept short
- Cuts and abrasions kept clean and dressed

Note: Remember to wash under rings and stone rings should be removed.

## When should you wash or gel hands?

- Before leaving home. When you arrive at training
- After any close physical contact with anyone at training
- Immediately before and after touching a patient (non-rescue) and particularly when you are moving from patient to patient.
- Before and after removing PPE and when changing gloves to wear a new set.
- Immediately after handling or coming into direct contact with anything that sanitised condition is not known
- Definitely before placing your hands near your face e.g. eating or drinking.

## Personal Protection Equipment (PPE)

Lifeguards should become fully familiar with the SAR Pandemic Response bag before use. Lifeguards must ensure that PPE is securely stored to avoid contamination, does not become contaminated by careless use or handling and is regularly checked for condition and stock levels.

As supplied, the Response Bag has a seasons supply. Excess stock may be removed for separate storage and a clean sanitised handling and storage procedure must be followed. (If an SLSCB Response Bag is not used and units source their own PPE they must ensure that PPE is fully compliant)

## SAR PANDEMIC PPE RESPONSE KIT **SAFEQUIP**

### 30L WATERPROOF STOWAGE BACKPACK

#### Specification

- 100% waterproof backpack - **Class 3: IP66**
- Floats safely if dropped in water
- High Visibility PVC so can be seen day or night
- Super tough PVC fabrics on side and base
- Protects contents from dust, sand, dirt and water
- LED light attachment loop
- High Frequency welded construction
- Padded shoulder straps and lumbar support
- Ventilated back panel with air-flow design
- Comfortable and buoyant light-weight straps
- Ventilated straps with reflective patches
- Adjustable waist and sternum straps
- 2 x reflective front strips
- D-rings for multiple attachment options
- Internal zip accessories pocket - H: 25cm x W: 21cm
- Internal Velcro strip to attach Backpack Tidy
- 2 x large elasticated mesh side pockets
- Top carry handle



#### IMPORTANT PLEASE NOTE

The items supplied might vary in appearance from those shown, but will meet the same specification, this due to current PPE supply issues.

#### LIMITED AVAILABILITY

Re-usable  
Face Shield



Universal fit with  
adjustable head band & easy clean design

Wrap Round Seal  
Medical Safety  
Goggles



Safety goggle with Silicone seal, clear lens  
providing good peripheral vision,  
complete with adjustable head band.

Powder Free Nitrile  
Disposable Gloves



Manufactured from synthetic nitrile rubber  
disposable nitrile gloves that eliminate the  
risk of allergic reactions associated with latex  
gloves. Textured finish provides enhanced  
fingertip grip and dexterity in both wet and  
dry conditions.

FFP2 certified face  
masks. Four ply  
construction to offer  
the best protection  
(KN95 Class)



Disposable  
Polythene Apron



500ml Hand  
Sanitiser



750ml Antibacterial  
Atomiser Cleaner



Antibacterial Clinical Wipes



5kg Clinical Waste  
Disposal Bags



For further information regarding supply please email: [sales@safequip.co.uk](mailto:sales@safequip.co.uk)

Lifeguards should consider carefully where to keep their PPE. During training it should be as close as possible to the area of operations in a specific easy to access, secure location.

Separate Donning and Doffing areas must be clearly identified (see later in document) and set up as secure (coned or roped) areas with visible reminder posters for donning and doffing and decontamination procedures.

There must also be available:

- Designated Decontamination Area managed by a "Decontamination Officer" to ensure process is fully completed
- Wash area made of a large drum/bin made up to decontaminate equipment
- "Dirty Bin" to be used to hold potentially C-19 contaminated items for 72hrs (see further notes)



## Donning Personal Protective Equipment for C-19

# Putting on personal protective equipment (PPE)



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### Before putting on your PPE:

- make sure you drink some fluids before putting on your PPE
- tie hair back
- remove jewellery
- check PPE in the correct size is available

- 1 Clean your hands using alcohol hand rub/gel or use soap and water.



- 2 Put on apron and tie at waist.



- 3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4 With both hands, mould the metal strap over the bridge of your nose.



- 5 Don or put on your eye protection, if required due to the risk of splashing.



- 6 Put on gloves.



Please see the Putting on and taking off PPE – a guide for care homes video here:  
<https://youtu.be/ozY50PPmsvE>











## Doffing Personal Protective Equipment for C-19

# Taking off personal protective equipment (PPE)



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- PPE should be removed in an order that minimises the risk of self-contamination
- Gloves, aprons (and eye protection if used) should be taken off in the resident's room or cohort area
- This is the type of PPE is needed when providing personal care which requires you to be in direct contact with the resident(s) (e.g. touching) or within 2 metres of a resident who is coughing

<p><b>1</b> Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off.</p> <p>Hold the removed glove in the remaining gloved hand.</p>		<p>Slide the fingers of the un-gloved hand under the remaining glove at the wrist.</p> <p>Peel the remaining glove off over the first glove and discard.</p> 
<p><b>2</b> Clean hands.</p> 	<p><b>3</b> Apron.</p> <p>Unfasten or break apron ties at the neck and let the apron fold down on itself.</p>  <p>Break ties at waist and fold apron in on itself – do not touch the outside – <b>this will be contaminated.</b> Discard.</p> 	
<p><b>4</b> Remove eye protection if worn due to risk of splashing.</p> <p>Use both hands to handle the straps by pulling away from face and discard or disinfect before using again.</p>	<p><b>5</b> Clean hands.</p> 	
<p><b>6</b> Remove your facemask once your care task is completed and before you take a break, eat a snack or change activities. Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only because the front of the face mask may be contaminated. Lean forward slightly. Discard. <b>DO NOT</b> reuse once removed.</p> 	<p><b>7</b> Clean hands with soap and water.</p> 	

Please see the guide and instruction video here:  
[www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes](https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes)

### *Take extra care when Doffing PPE!!*

Self-contamination is very common when taking off PPE. In badly managed areas up to 90% of work staff can contaminate themselves. This is due to being either lazy/careless, rushed or not following the sequence or being distracted. It is why SLSGB asks you to nominate a “decontamination officer” so that in the rare occasion you have a breach, a responsible person can watch over the potentially contaminated lifesaver and ensure protocols are followed.

Improve your skills by:

- Slow down and don/doff correctly
- Before doffing

- **STOP – THINK - FOCUS!**

**Remember to:**

- APPOINT A TRAINING DECONTAMINATION OFFICER
  - STAND IN FRONT OF WASH BIN – WASH DOWN KIT
  - FOLLOW THE POSTER
  - DIRTY SOILED KIT INTO “DIRTY” BIN, bagged twice – LEAVE FOR 72HOURS (VIRUS LIFE)

**DECON – BAG IT – DECON HANDS – RE BAG – DECON AGAIN – LEAVE BAG 72HRS**

### *Club Facilities*

Clube facilities should be run in line with SLSGB guidance and in accordance with the UK Threat levels. (See APPENDIX 7 attached for shared use guidance).

The Club area must be assessed by a Level-2 Coach and a senior Club Officer (where the L2 coach is not also an officer) to ensure they develop their own risk assessments and approve an Emergency Action Plan.

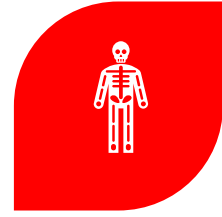
Other Areas of concern would be:

- Ensure hot hand washing facility is available
- Ensure volunteers arrive and leave clean
- Consider the use of floor markings, entry and exits, one-way systems
- Consider the use of signage
- Ensure there is minimal numbers in an area or location to maintain required distancing
- Ensure areas are vented if practicable
- Consider areas for sanitisers in strategic locations
- Provide a designated wash down area

Clubs/Units must establish robust cleaning procedures with particular attention to the high use areas, surfaces or equipment such as:

- Door handles and gates
- Phones
- Seating areas (when guidance permits use)
- VHF radios
- Rescue equipment
- Writing pads and pens (consider using your own pen)
- Changing room (when guidance permits use)

A combination of the following helps when looking at procedures:



A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.) or a general-purpose- Bio guard/Chemgene 500ml – 5 litres

Only cleaning (detergent) and disinfectant such as Bio guard or Chemgene from SP services which is safe on equipment, skin and surfaces

Products must be prepared and used according to the manufacturers' instructions and recommended product "contact times" must be followed.

If alternative cleaning agents/disinfectants are to be used, they should conform to EN standard 14476 for viricidal activity

### *Waste Management*

All personal waste of a C-19 suspected person such as tissues, first aid (non-blood stained) items, the disposable PPE worn, must be binned in the dirty bin, blood stained first aid with the clinical waste bag and procedures followed: -

Items should be placed into a disposable rubbish bag in a designated area (away from general activity). These bags should then be placed into another bag and left aside for at least 72 hours before being disposed of as normal protocols allow. 72 hours is the recommended time by PHE that the virus is still alive.

## Training Equipment Management

Regular washing of hands and avoiding touching your face will really help in the management of a C-19 clean area. Warm soapy water can clean and kill the virus easily.

Before purchasing disinfectant, Club Officers are advised to check what is practicable for their operations, such as products like Bio-guard and Chemgene which can be obtained through SPSServices: [www.spservices.co.uk](http://www.spservices.co.uk). Suitable cleaning agents should also be obtained to help sanitise surfaces, clothing and equipment.

There should be two dedicated bins, one for dirty soiled clothing, and one as a dunking bin with sanitising agents and water mixed. These bins should be in the aforementioned Doffing area.

The washing bin should be filled up with water with a mix of bio-guard or Chemgene around 500ml for every 5 litres. Reusable equipment and other rescue equipment should be gently submerged and then left to soak for a period of no less than 10 minutes before being rinsed off (fresh water) and left to dry naturally before final rinse off with fresh water.

To help reduce logistics, consider the use of a pump pressure spray to quickly decontaminate equipment or area prior to and after use (large garden weed spray such as 10L Hozelock may save time and costs).

Consider (if possible) allocating rescue kit cleaning responsibility to one person at each session. If Club kit is strategically placed during a training session, ensure the public are unable to touch it.

If rescue kit is kept in club shared store there must be a procedure established for controlled access and decontamination. Club members should don gloves before handling and decontaminate before and after use (see Appendix 6).



## Prior to Training

- Equipment should be thoroughly cleansed in preparedness for operations. These include:
  - Flags
  - Communications
  - IRBs and related equipment
  - Vehicles
  - First aid equipment
  - Rescue equipment
  - Session equipment such as boards and tubes

## After Training

- All Equipment used should be thoroughly washed down
- All personal clothing/ kit used should either be bagged and hot washed at home or use washing bin to cleanse equipment immediately

Don't forget the post training wash down and clean up and washing your hands before you leave to go home (see also Appendix 7)

## COVID-19 Safety Measures in the Event of an Intervention

### Incidents & Rescue

**A C-19 incident** is when a breach of 2 metres has been made to assess/ intervene/assist a casualty, to administer first aid or to make a rescue in water. (i.e. Close physical contact) When a lifeguard, coach or trainer is involved in close physical contact they must consider themselves to be contaminated and at the earliest appropriate opportunity undertake the decontamination procedure (outside) and then follow guidance on self-isolation set by UK Government – [When to self-isolate; NHS Track and Trace](#).

Note from SLSGB Clinical Advisory Group, "It will not always be possible to save a life and maintain a 2-metre safe distance, or by wearing FFP2 face mask and PPE during a rescue or incident be 100% safe. It is important that individuals ensure that they (where practicable), be protected as much as possible through their personal discipline with regard to social distancing and use of PPE. The use of FFP2 face masks and other PPE during a rescue or incident will reduce the risk of contamination for rescuers and the casualty, but it will not eliminate it completely".

Rescue principles will follow the Search and Rescue world guidance of, "**self – team – victim**". Each individual member should be fully aware of their personal situation and their families in terms of underlying health issues. The unintended consequences of personal contamination-should be carefully considered before any training takes place, or even a rescue.

Remember that the most effective lifeguard activity is prevention, 97% of the lifeguard's role. If we aim to do this well, we reduce the likelihood of rescue. Final point, liaising with the public does not mean you have to wear PPE, just keeping 2metres away is enough.

SLSGB and this guidance follows The UK Search and Rescue Medical Committee. It sets out steps for intervention and administering first aid and CPR incidents (see later in policy).

### Rescues

Every rescue is potentially a contact with a C-19 infected casualty. Reducing the risk should be considered. The rescue/intervention should not be at C-19 risk to the lifeguard. Where practicable try and keep a safe distance, but this may not be possible at all times.



### In water rescue considerations

- Where practicable keep casualty at a distance
- **No rescue breaths or deep water EAV**
- Keep casualty facing away from you during the rescue if possible, such that they breath "away" from you.
- Bring casualty onto awaiting beach team "donned in PPE"
- Ensure protocols are met with UK SAR advice below in UKSAR Appendix 1,2 &3

## Post event

- Handover casualty to emergency services in cleaned PPE
- “Clean” lifeguard should become the “decontamination officer” ensuring protocols are followed
- Equipment washed down in the doffing area as per protocols and following the sequence;  
**Lifeguard – Rescue Board – Lifeguard**
- Member(s) who have had close physical contact with a casualty must consider if they are now a suspected C-19 victim and act accordingly

## Missing Persons

For all missing persons, including lost/found children 2M should be maintained where possible. If it is not possible to maintain social distancing them PPE should be worn and the “lost” person should be asked to wear a face mask in line with UK Government advice.

If the lifeguards have a person in their care, the coastguard or police should be informed as early as possible and arrangements made to transfer the missing person to the care of the police, local authority or emergency services as soon as reasonably practicable

## Management of First Aid Station

The management of first aid stations can be seen in appendix 7 further in the document.

## First Aid Minor

With regards to First Aid, your safety is the priority. On initial notification ensure you have both your Pandemic Emergency Response bag and your Responder bag. **KEEP YOUR DISTANCE** before you act. Treat casualty assuming they are C-19 positive.

Consider if they can treat themselves – using social distancing and PPE, offer them (or if available, casualties companion) advice/treatment process and guide them through the process at a 2M distance.

**Keep Responder Bag and Pandemic Response bag away from the person(s) you are working with**  
**Once finished, ensure decontamination protocols are met.**

## UK SAR Guidance

Lifeguards/Lifesavers can only operate to level 2 in PPE. This is because the face masks (FFP3) mentioned are required to have a face fitting test; something that would be impossible to do for all the responders in SAR in the UK. This guidance has been agreed by PHE, UK Resus Council UK and the UK SAR medical group.

## First Aid Major & CPR

With regards to major first aid and CPR lifeguards/lifesavers must follow guidance as set out below as advised by UK SAR. **AT NO POINT SHOULD ANY AIRWAY MANAGEMENT TAKE PLACE WHICH INCLUDES: -**

- **Ventilation through pocket masks**
- **Bag-Valve-Mask ventilation**
- **Insertion and ventilation through i-gel supraglottic devices**
- **Suctioning of the airway**

Once other emergency responders are on-scene and any of the above techniques are performed all SLSGB equipment and personnel not in level 3 PPE should move a minimum of 2 metres away from the scene. If the casualty can tolerate a FFP2 mask – then supply. Ensure minimum numbers and keep Pandemic Response bag and Responder bag away from the incident. Use a spare lifeguard/lifesaver to act as a runner.

## Use of AEDs

For the patient in cardiac arrest compression only CPR is indicated. If an AED is available it should be rapidly applied and used. Follow instructions as per normal and UK SAR medical algorithm. Post event, ensure the following:

- Sanitise all areas as **lifesaver – equipment – lifesaver (again)**
- Replace pads with new ones
- Check for operational readiness
- Soiled kit left for 72hrs

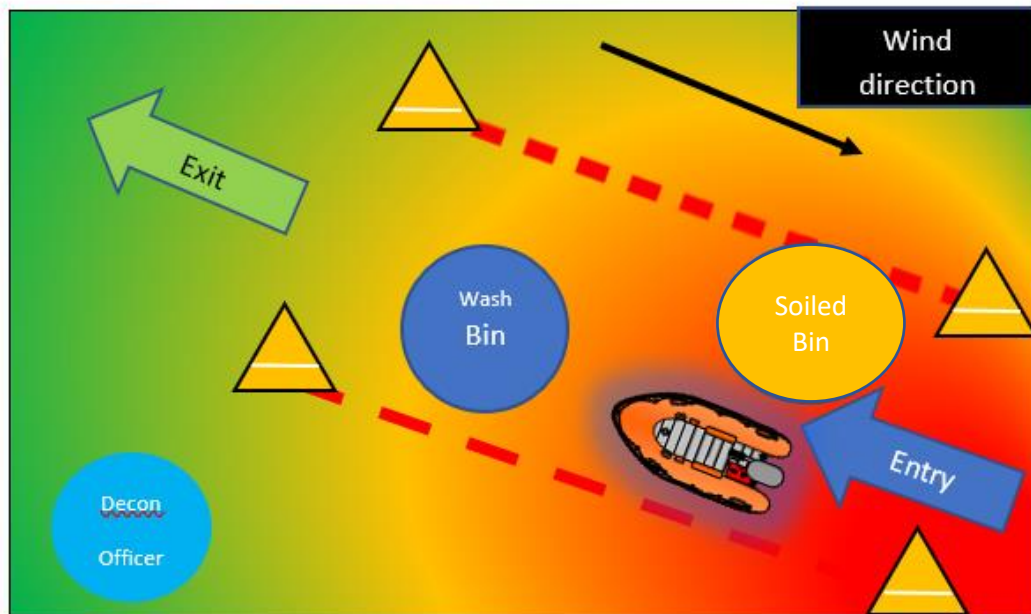
## Saviour Stretcher Use

- All persons in PPE and minimum numbers inside 2m



- Consider drag/slide method with 1 operator if practicable
- 4 persons carry then helmets with visor or Pandemic PPE Visor is a must at the head area
- Give FFP2 mask to casualty

**Example of a decontamination “doffing” area**



***With regards to the decontamination zone, the soiled bin should be managed as per the waste guidance and the wash bin emptied after each session. Finally, pressure sprays should be vented each evening before stowing in a safe place.***

Inshore Rescue Boats (IRB) can be a great tool ensuring the public are safe in the water whilst maintaining distance. Using techniques in the SLSGB IRB manual along with PPE and the use of towing slings as distance tows may be considered if the environment allows, examples are extended rescue tubes.

PPE for IRB Usage	When to use it
	<ul style="list-style-type: none"> <li>• In IRB store/club facility working to prepare IRB</li> <li>• Travel movement to/from beach</li> <li>• Launching/Retrieving</li> <li>• Wash down procedures</li> <li>• Engine maintenance</li> <li>• Re- storage of IRB</li> <li>• Close group manual handling</li> </ul>
<p><b>Nitrile glove only</b></p> 	<ul style="list-style-type: none"> <li>• In IRB store/club facility working to prepare IRB</li> <li>• Travel movement to beach</li> <li>• Launching/Retrieving</li> <li>• Wash down procedures</li> <li>• Engine maintenance</li> <li>• Re- storage of IRB</li> <li>• Close group manual handling</li> </ul>
	<ul style="list-style-type: none"> <li>• Launching/retrieving - <b>visor down all times</b></li> <li>• General operations on water</li> <li>• Wash down procedures</li> <li>• Towing rescue procedures</li> <li>• Close group manual handling</li> <li>• If no visor use sunglasses or eye protection glasses</li> </ul> <p><b>Note: if helmet has a bladder system do not use.</b></p>
	<ul style="list-style-type: none"> <li>• In IRB store/club facility working to prepare IRB</li> <li>• Travel movement to/from beach</li> <li>• Launching/Retrieving</li> <li>• Wash down procedures</li> <li>• Engine maintenance</li> <li>• Re- storage of IRB</li> <li>• Close group manual handling</li> </ul>

## *Using IRB PPE*

When using your PPE or “donning” there is a right way and a wrong way-

### Donning

1. Wash hands thoroughly
2. Put on wetsuit (clean)
3. Put on spray jacket (clean)
4. Put on face mask (if appropriate i.e. calm water and for patrolling only -NOT rescue)
5. Put on helmet, pull visor down
6. Put on gloves

### Doffing (if involved with an incident)

1. Remove gloves – by grasping the outside of the glove and then peel off first. With second glove using the clean hand, slide finger inside the glove and roll it inside out
2. **Wash hands**
3. Wash down yourself using warm soapy water
4. **Wash hands**
5. Remove eye protection and clean
6. **Wash hands**
7. Remove helmet and clean
8. **Wash hands**
9. Wash down wetsuit and clean, then if using face mask, then remove
10. **Wash hands**

When using the IRB the following guidelines should be followed:

Arrival at club (see also Appendix 7 relating to equipment storage)

- Team lead should have pre planned the movement to IRB and the launch site and conveyed it to team prior to arrival. This should include manual handling, cleaning and preparing.
- Lifeguards arrive clean
- Ensure minimal numbers enter the building
- Ensure area is well vented prior to IRB team preparing boat
- Donn PPE – to reduce numbers consider “1 at a time”
- Prepare IRB checking boat logs

### *Pre-Ops*

- IRB is washed down- “clean” (minimum of warm soapy water)
- Assign each operator a helmet (if required). If it has a visor, then operate it as a face shield or use goggles in Pandemic response bag. If helmet has bladder – do not inflate!
- Consider basic PPE (as above note) But carry a victim mask, gloves in a dedicated bag
- Consider “spray jackets” to assist wash down and reduce viral loading on body
- If when wearing a wetsuit, consider short arms if practicable if with no spray jacket
- Consider a dedicated sanitiser to be carried in IRB
- Minimum number to launch
- Ensure public keep clear as not to touch the IRB – consider the use of cones
- Carry addition rescue tubes

### *Rescue*

- Consider distancing options
- If casualty is in IRB then get them to don a FFP2 mask , but be prepared to remove if there is any evidence of respiratory distress due to mask becoming wet.
- Keep casualty facing away where practicable
- Follow guidance as set out by SLSGB IRB manual

### *Post Rescue or Patrol*

- Same team decontaminates themselves first, then IRB **CREW – IRB – CREW** (again)
- Use sanitiser wash bin to clean PPE or warm soapy water
- Follow IRB Manual for post checks

### *Major Breach for viral loading in IRB (example vomiting or major bleeds)*

- Crew remain in PPE and wash down in doffing area
- Crew bring IRB to doffing area and dismantle IRB washing each part as
  - **Crew wash**
  - Full IRB wash before dismantling
  - Remove engine
  - **Crew wash**
  - Deflate IRB and remove floorboard – wash; pay particular attention to floorboard edges
  - **Crew wash**
  - Scrub/spray IRB top – leave for 10 mins – wash off excess
  - Turn IRB upside down and repeat and allowed to dry
  - **Crew wash**
  - Re-assemble IRB
  - IRB Crew and Patrol Team members who have had close physical contact with a casualty must consider if they are now a suspected C-19 victim and act accordingly

## References

1. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control>
2. <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>
3. <https://nationalwatersafety.org.uk/media/1230/maintaining-safety-on-beaches-for-web-v3.pdf>
4. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/884971/UKSAR\\_COVID-19\\_v2\\_120520.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884971/UKSAR_COVID-19_v2_120520.pdf)

## Glossary

**Respiratory droplet:** Fluid bundle of infectious particles that travels from the respiratory tract of the infected individual onto the mucosal surface of another, rather than floating down the respiratory tract. Small droplets are between 5-20µm and tend to hang up around the glottis. Large droplets are > 20µm and are probably too big to follow airflow. They tend to obey the laws of gravity and so settle on nearby surfaces when you sneeze.

**Aerosol:** Liquid (or solid) suspended in the air (i.e. Mist/ fog) These small particles are less than 5µm and so can float down the respiratory tract. Not affected by gravity the same as the larger “droplets” and so can hang around for a longer period of time.

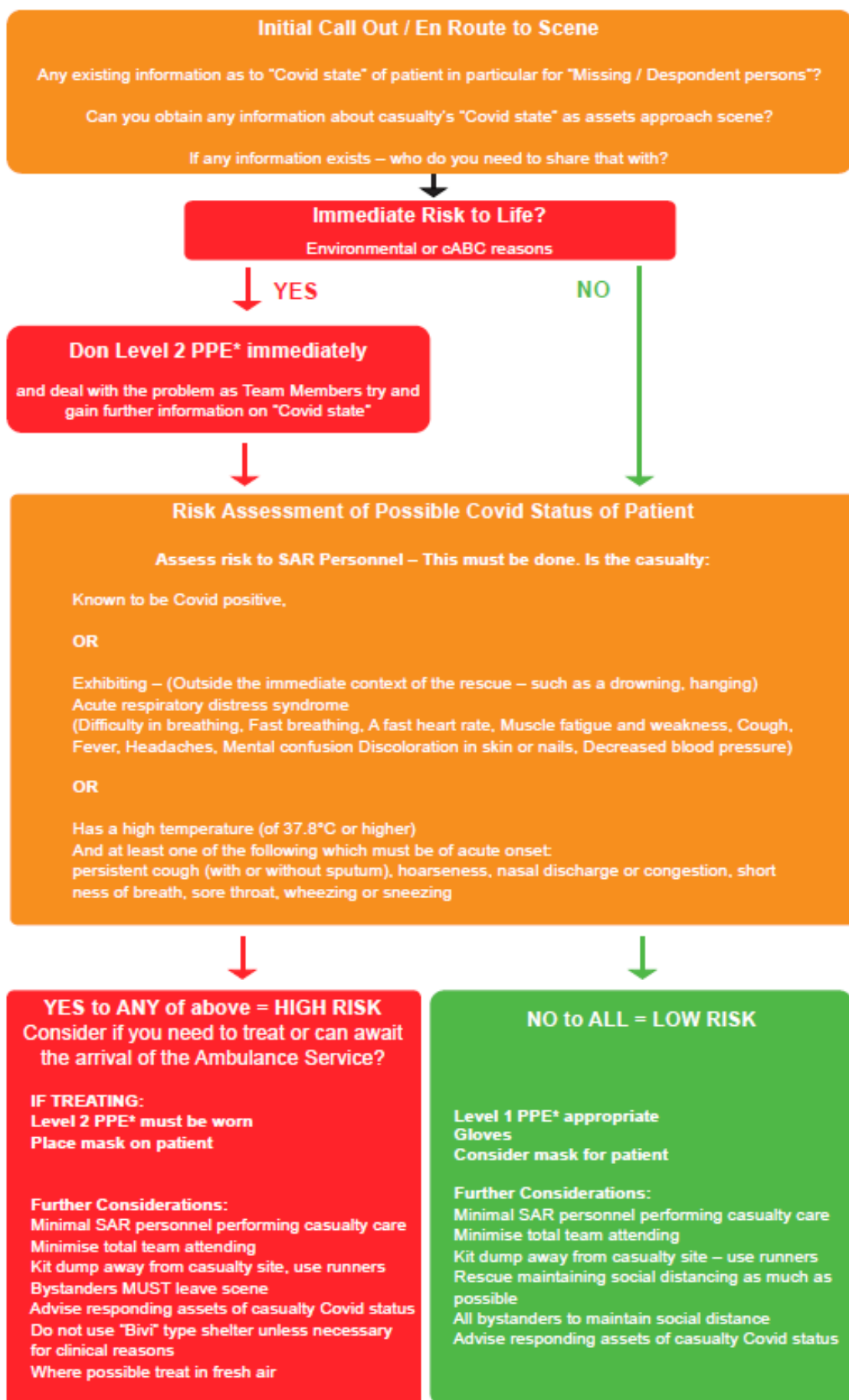
**Aerosol Generating Procedure:** A procedure that involves high speed or high pressure movement of gas across a mucus membrane that causes an aerosol to be generated. In the case of an infected person this may produce a highly infectious “mist” that can not be seen.

## Appendix 1

# INITIAL APPROACH AND ASSESSMENT

## Appendix

# 1



\* for PPE levels see Appendix 3

## Appendix 2

# BLS MODIFICATIONS - COVID+ PATIENT

Appendix

2

**D**

**Keep rescuer's face away from patient's mouth and nose**

You **MUST** risk assess the situation as normal, **PLUS: Don Level 2 PPE**

ASAP question those with the patient about the possible Covid status of patient and consider if in cardiac arrest the "down time" and therefore appropriateness of CPR

**R**

**Keep rescuer's face away from patient's mouth and nose**

**C**

**Keep rescuer's face away from patient's mouth and nose**

**A**

**Keep rescuer's face away from patient's mouth and nose**

Be aware of fluid, vomit etc. near / from patient's mouth and / or nose

**DO NOT** use any airway adjuncts. **DO NOT** use suction

If airway obstruction is present, try to remove by rolling onto side, facing away from rescuers

**B**

**Keep rescuer's face away from patient's mouth and nose**

**DO NOT** give any rescue breaths. **DO NOT** use a bag valve mask

**DO NOT** use high flow oxygen

**C**

**Keep rescuer's face away from patient's mouth and nose**

If no normal breathing or no signs of life, cover the mouth and nose of the victim with a mask or cover, then **Start COMPRESSION ONLY CPR**

If available, attach an AED and follow the instructions of the AED

**D**

**Keep rescuer's face away from patient's mouth and nose**

**E**

**Keep rescuer's face away from patient's mouth and nose**

Protect from the weather / environment but **DO NOT** use "bivi tent" or similar that would cause an enclosed space around the rescuers and patient

Conduct secondary survey for other injuries as appropriate with as little patient contact as is practically possible in the circumstances of the rescue

**+**

### Further Considerations:

Extraction plan and liaison with Ambulance Service

Further resources to scene such as Mechanical CPR device

Can Ambulance Service get Level 3 PPE personnel to you?

Consideration to termination of resuscitation and Recognition of Life Extinct

On Call Advice available to your Team via radio / telephone



Appendix 3

UKSAR SUGGESTED PPE LEVELS

Appendix

3

**LEVEL 1 PPE**

**No risk, or minimal risk, of Covid 19 +**

Disposable gloves

Waterproof jacket, cuffs fastened securely and zipped to neck or foul weather suit or immersion suit or drysuit

Eye protection may be disposable or reusable – helicopter goggles, helmet with visor, safety goggles or full face shield.

Consider Type IIR fluid-resistant surgical mask or improvised face covering for the casualty

**LEVEL 2 PPE**

**High risk of Covid 19 +, and not using  
Aerosol Generating Procedures**

Disposable gloves

Waterproof jacket, cuffs fastened securely and zipped to neck or foul weather suit or immersion suit or drysuit

Eye protection may be disposable or reusable – helicopter goggles, helmet with visor, safety goggles or full face shield.

FFP2 mask ideally, if not Type IIR fluid-resistant surgical mask, for rescuer and casualty

**LEVEL 3 PPE**

**High risk of Covid 19 +, and using  
Aerosol Generating Procedures**

~~This level is unlikely to be achievable or practical in the SAR environment, but personnel equipped with this may be available via responding Ambulance Service~~

~~**NOT APPLICABLE  
TO SLSCB**~~

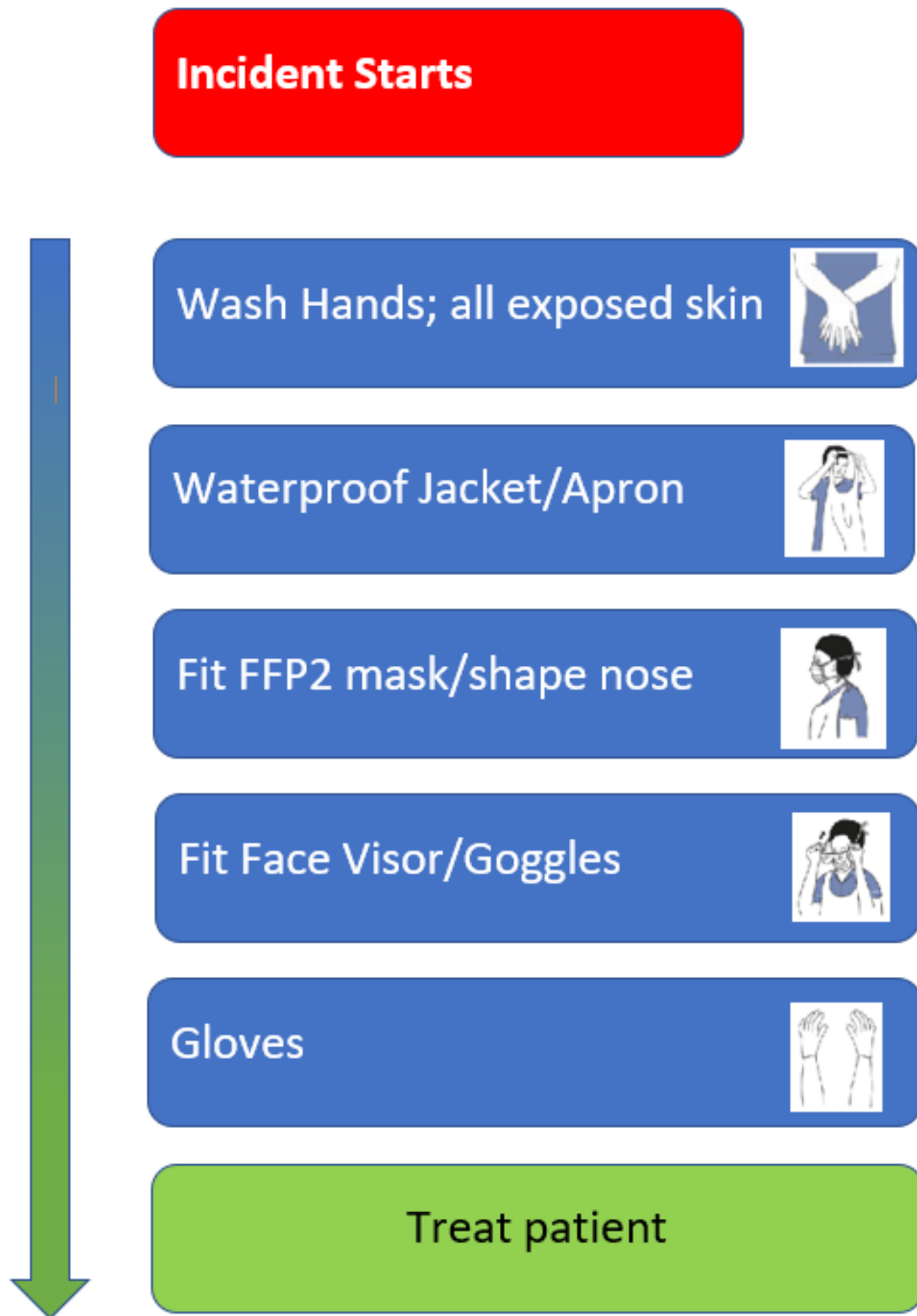
~~Disposable gloves~~

~~Disposable fluid-repellent gloves (or gloves that are simply waterproofs)~~

~~Eye protection may be disposable or reusable – helicopter goggles, helmet with visor, safety goggles or full face shield. Caution in spectacle-type eyewear which may offer inadequate peripheral protection.~~

~~Filtering facepiece (FFP3) respirator, wearer having been formally fit-tested, freshly shaved, and worn within manufacturer's direction for use.~~

## Appendix 4 Donning PPE for an Incident



## Appendix 5 Doffing/Removal of PPE

### Doffing/Removal of PPE

#### Incident Finished

Remove Gloves



Remove Waterproof Jacket/Apron



Wash hands/ Remove visors



Wash hands/ Remove mask



Incident finished/equipment cleaned



Carry on patrol if safe to do so

Any Patrol Team members who have had close physical contact with a casualty must consider if they are now a suspected C-19 victim and act accordingly

## *Appendix 6 – First Aid Stations During C-19*

Some clubs have dedicated first aid rooms. During C-19 our guidance is that these should not be used. A room is defined as “confined space” where transmission of a virus can be extremely high. Clubs would have to adopt a cleaning regime in line with hospitals which would add cost and increase risks. Also, when club members are able to have use of the “Club Facilities” the potential for contaminating the area and first aid equipment being stored is too high. It is important that the club is managing C-19 to avoid unintentional, avoidable contamination risk!!!

If the club first aid kit and PPE is being stored in an area accessible to members, then a tight control procedure against the risk of contamination needs to be in place to manage the safety of that area. This includes the following:-

- Locked security for both first aid kit and Pandemic response bag with designated key holders
- Virus controlled steps such as cleaning, sanitization
- Limited person access with strict sanitization regime
- PPE – face coverings and PPE gloves
- Logging/ register of entry/access
- Stock take register to ensure enough equipment is ready
- Consider having a small stock of minor first aid needs and PPE that is in a sealed plastic container in an easy to access location for member sessions. (Logbook on container so use is recorded, box is sanitized, and replenished, and new seal attached)

### *Minor First Aid*

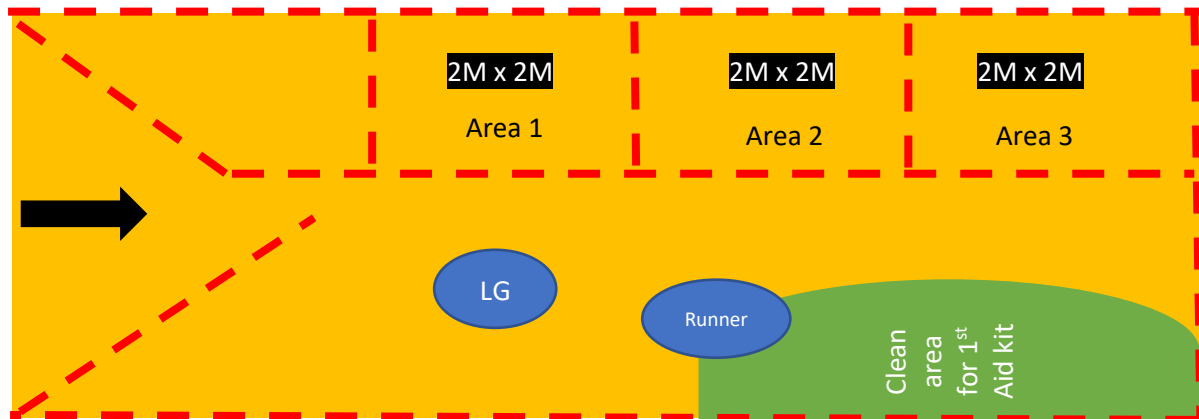
Lifeguards will attend first aid incidents. Most of the time this will be a minor first aid incident which can be dealt with at the place of the injury. There are other times, such as weaver stings or sprains, where pre C-19, Lifeguards have taken patients and others back to their dedicated first aid room.

During C-19 the advice on risk to persons in a confined space is high and a multi-use room can increase the likelihood of transmission of the virus.

It is highly recommended to only give treatment (if safe to do so) outside and where possible, the lifeguards should distance themselves, advise the treatment needed and ask the person (or in the case of young children ask the parent/guardian) to administer treatment themselves through advice provided by the Lifeguard

Using windbreaks or barrier tape/rope to create a dedicated restricted outside area will help in the management of an outside first aid location. On busy beaches Lifeguards should create special distancing zones to manage more than one incident and to ensure members of the public do not come too close. Ensure if you have a seating area that plastic seats are decontaminated thoroughly before and after a person sits on it.

Figure 1.0



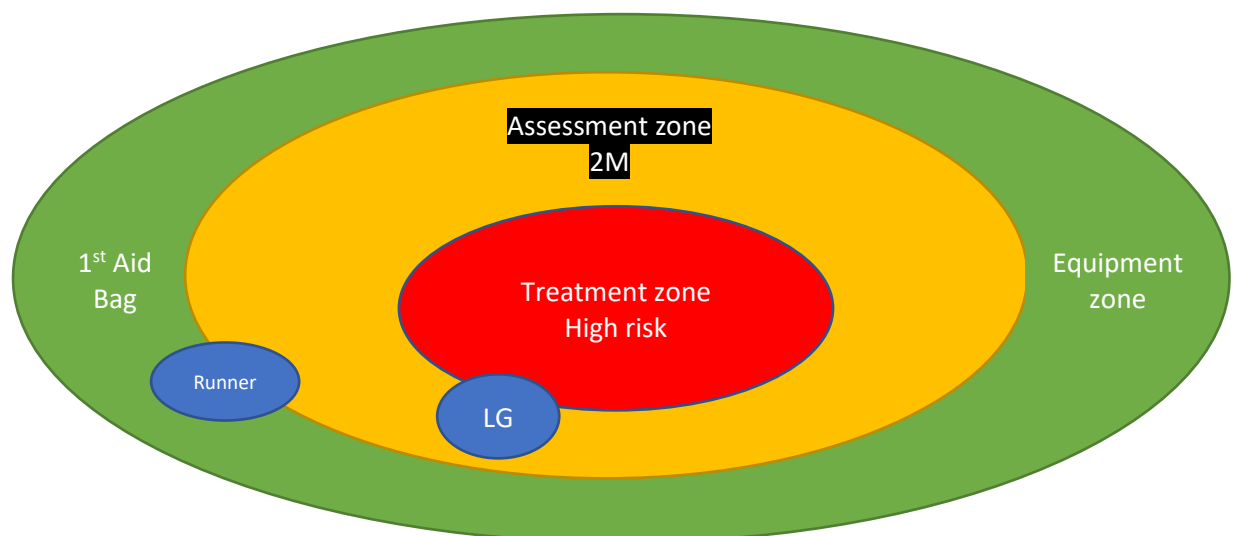
It is extremely important that the response bags (1<sup>st</sup> aid and Pandemic response bag) do not get contaminated in anyway. The guidance is to decide if it is safe to treat, ask for a second lifeguard to act as a “runner” ( seen in figure 1.0),to collect the required item from the response bag to a location and then back away for the primary lifeguard (in PPE) to deal with the situation.

**A note on the SAR Pandemic Response Bag:** this bag is **ONLY** for Lifeguards attending an incident. It is not for personal use. It is vitally important that the equipment is logged in its use and adequate stocks are maintained. Spare equipment should be stored in a safe location where cross contamination will not happen and is managed appropriately. It is a recommendation that the bag should only have the minimum amount of kit that is required for a day’s activity and reusable items such as face shields and goggles are cleaned after every incident and checked at the end of the training session.

## Major First Aid

If for a land-based incident the victim is too poorly to be removed, treatment is given at the scene. The guidance here is, on attendance, ensure the response bags are kept a safe distance away and use another team member to help bring the dedicate item to the responding Lifeguard /victim. Follow the protocols set by UK SAR and the advice on post incident.

Figure 2.



## APPENDIX 7

This guidance is to assist with management decisions about use of Club facilities and equipment when training sessions are active and club facilities shared with member activity.

It is issued at the time when the Government Risk is at Level 3 when the Virus is active and transmitting. Although the Government has reduced social distancing with interventions to 1m (e.g. Face masks and screens) they are still advising 2m social distancing and have not relaxed the need to take all precautions to avoid close contact with COVID-19 transmission risks.

This guidance is only subject to a Level 3 Risk – if the Level increases or decreases it will change accordingly.

### *Is the Club a safe place for Lifesaving activity?*

Our guidance at this stage is still not to use the club facilities and to only use them if absolutely necessary (e.g. to access equipment needed to undertake a training activity). Even then, only if you are able to fully control access and all who have access have agreed to strictly follow the guidance. However, this will change as the push to increase sport and training results in further relaxation of restrictions. (Lifesaving clubs in Wales are already open for groups of 30)

And Finally, although the virus is still active and transmitting, we are increasingly seeing serious lapses in both social distancing and proper attention to respond to the risks. This is already causing local spikes. Please make sure that Surf Life Saving sets and maintains the standards in your communities. Ensure that familiarity (or careless/lazy behaviour) does not lead to unsafe contact or relaxation of regular personal and shared space distancing and sanitising.

Identify those in your community most likely not to follow guidance and pay special attention to educating them!